

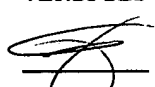
SERIAL NUMBER 09/353,316	FILING DATE 07/14/99	CLASS 455	GROUP ART UNIT 2745	ATTORNEY DOCKET NO. MACOR8
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APPLICANT

JAMES J MACOR, JACKSON, NJ.


**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

 6/8/00

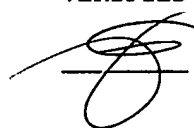
**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED



 6/8/00

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

 6/8/00

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/10/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged			 Examiner's Initials	 Initials		

ADDRESS

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP  
2101 L STREET NW  
WASHINGTON DC 20037

TITLE:

COMPUTER AND MOBILE COMMUNICATION SYSTEM

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3305

<b>SERIAL NUMBER</b> 09/353,316	<b>FILING DATE</b> 07/14/1999 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2682	<b>ATTORNEY DOCKET NO.</b> MACOR8
<b>APPLICANTS</b> JAMES J MACOR, JACKSON, NJ; <b>** CONTINUING DATA *****</b> NONE A <b>** FOREIGN APPLICATIONS *****</b> NONE A <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/10/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>Chappell</u> Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> PAUL GARDON AVAYA INC. 101 CRAWFORDS CORNER ROAD HOLMDEL, NJ 07733-3030 Birch, Stewart, Kdaesch & Birch, LLP P.O. Box 747 Falls Church, VA 22032-0747				
<b>TITLE</b>				
COMPUTER AND MOBILE COMMUNICATION SYSTEM				
<b>FILING FEE RECEIVED</b> 796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	